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**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ Duplicate
(check, if applicable)



Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, DC 20231

Attorney Docket No. 9596-43U1 (J-1500D01)
First Named Inventor: Donald L. Siegel
Express Mail Label No. EL049287366US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the **non-provisional** utility patent application entitled:
**COMPOSITIONS AND METHODS FOR DETECTION OF
ANTIBODY BINDING TO CELLS**

which is:

an ☐ Original; or

a ☐ Continuation, ☒ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. 08/884,046, filed June 27, 1997.

☒ This non-provisional patent application is based on Provisional Patent Application
No. 60/028,550, filed October 11, 1996.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 52 pages.
- ☐ Executed Declaration
- ☒ Copy of Declaration and Power of Attorney from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ 6 sheets of drawings (formal) plus one copy.
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 cover sheet, an assignment of the invention.
- ☐ Certified copy of _____ Application No. _____, filed _____, is filed:
 - ☐ herewith or ☐ in prior application.
- ☒ Verified Statement Claiming Small Entity Status under 37 CFR 1.9 and 1.27.
 - ☒ was filed in the prior non-provisional application, and such status is still proper and desired (37 CFR 1.28(a)) (copy enclosed);
 - ☐ is enclosed herewith; ☐ is no longer desired.
- ☒ Preliminary Amendment.
- ☒ Information Disclosure Statement, PTO-1449 (copies from parent application).
- ☒ Other: Copy of Assignment from parent application

08407432-092999

The filing fee has been calculated as shown below:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$380.			BASIC FEE: \$760	
Total	14 - 20 =	0	X9	\$ 0	OR	X18	\$
Independent	3 - 3 =	0	X39	\$ 0	OR	X78	\$
Multiple Dependent Claims Present			\$130	\$	OR	\$260	\$
			TOTAL	\$380.00	OR	TOTAL	\$

The Commissioner is hereby authorized to charge payment of the following fees or credit any overpayment to Deposit Account No. 50-1017 (Billing No. 209596.0295). One additional copy of this sheet is enclosed.

- ☒ The above calculated filing fee **\$380.00**.
- ☒ Any additional fees required under 37 C.F.R. § 1.16.
- ☒ Any additional fees required under 37 C.F.R. § 1.17.
- ☒ If the filing of any paper during the prosecution of this application requires an extension of time in order for the paper to be timely filed, applicant(s) hereby petition(s) for the appropriate extension of time pursuant to 37 C.F.R. §1.136(a).

CORRESPONDENCE ADDRESS:

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September 29, 1999
(Date)

By:

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Enclosures